

STANDARD CERTIFICATE OF DEATH

State File No. **18406**
4773

FILED JUN 7 1957

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ✓			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Bellefontaine Neighbors		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 32 St. Luke's Hospital				STREET ADDRESS (If rural, give location) 07 1152 Jennings Road			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) JOSEPH		c. (Last) ARMSTRONG	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 12, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Clerk		10b. KIND OF BUSINESS OR INDUSTRY Election Office		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		9. AGE (In years last birthday) 66	
13a. FATHER'S NAME John T. Armstrong		13b. MOTHER'S MAIDEN NAME Margaret Killoran		14. NAME OF HUSBAND OR WIFE Ruby Craddock			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-26-0871		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruby Armstrong 1152 Jennings Rd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation (anoxia) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pharyngeal obstruction DUE TO (c) Epidermoid CA of hypopharynx 3 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH acute	
19a. DATE OF OPERATION 20 May 57		19b. MAJOR FINDINGS OF OPERATION NONE OF SIGNIFICANCE - GASTROSTOMY				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 147*			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8 MAR, 1956 to 20 MAY, 1957 , that I last saw the deceased alive on 20 MAY, 1957 , and that death occurred at 2:30 AM. , from the causes and on the date stated above.							
23a. SIGNATURE James F. Nichol, MD		(Degree or title)		23b. ADDRESS 4952 Maryland Louis 8th		23c. DATE SIGNED 21 May 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/23/57		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. MAY 21 57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Kelly 7267 Natural Bridge			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

James A. Lamm

Licensed Embalmer No. *414*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.